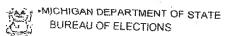




CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink the treasurer (or designated record keeper) an	and signed by d candidate.	3. This Statement covers:	from 10-21-2019 to	1) 21- 7016	
1 . Committee I.D. Number		Candidate Last Name	from 10 - 01 - 0019 to _	12-31-2019	
33520		Wright	Jeff	M.i.	
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) Drain Commissioner			
Jeff Wright 2000		4b. County of Residence	*		
5. Committee's Mailing Address					
2174 Sycamore St.		6. Treasurer's Name & Residential Address Warren Vyvyan			
Burton,MI 48509		1455 Laurentian P Flint, MI 48532	ass	Party Control Control Control	
Area Code and Phone (810) 742-0246 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (810)	742-0246	nitroducer and distributions a	
7. Treasurer's Business Address		8. Designated Record Keen	er's Name and Mailing Address (If	1.191	
same as #6		Designated Record Keeper			
			3 1	Ç.	
Area Code and Phone					
9. TYPE OF STATEMENT	T	Area Code and Phone	Loo Dissolution of O. H.L.		
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		9e. Dissolution of Candidate By checking this item I/We		
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candida:	te or his or her spouse is her	
Primary	July Quarter	rly	the committee. The committee howes no lates fees or has any ou	nas no outstanding assets, itstanding debt.	
General	October Qu	arterly	Further, if the dissolution cannot	he granted that this ha	
Convention			considered a request for the Rep	orting Waiver.	
Special School	9c. Annual Statement (2019) Coverage Year		Effective date of dissolu	ution	
Caucus	9d. Amenda	nent to Campaign Statement			
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual: Schedule 1B and the Summary P	funds must be reported on Page.	
Date of Election, Convention or Caucus					
. Verification: I\We certify that all reasonable diliger Nour knowledge and belief the contents are true, ac	nce was used in the compound to the compound t	he preparation of this slateme	nt and attached schedules (if any)	and to the best of	
rrent Treasurer or signated Record Keeper Warren Vyvyar	٦ ,	11 / Jakon 1	(Ana)	5-1010	
Type or Print Name		Signature	Date of	-5-2010 -6. 2020	
andidate Jeff Wright		MAN	2	.6. 2020	
Type or Print Name		Signature	Date		
uthority granted under P.A. 388 of 1976			The state of the s	100 100 100 100 100 100 100 100 100 100	



Corrected
33520

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

Enter this total on

line 3a of Summary

Page.

OVIADIDA LE COMMITTEE	2. Committee Name	Jeff h	Right 2000
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Committee.			
middle initial. Check box to indicate if contribution is from an individual, committee (PAC) Report all contributions regardless of amount.	ttee or an Independent	6. Amount	7. Cumulative for
	Annulation Language a marketing representation		Election Cycle for Each Contributor (Through
Name & Address: PAC Receipt? YES 4. Date of Receipt	ot 10-25-2019		date of receipt)
Kevin Kilby		•	
278 Kingsbrock DR.		7000-	11
5. If over \$100.00 cumulative, please provide: 48734	•	\$ 3000°	s 4,000
Occupation ATICA NO.	- Marois Dr	Click Here fo	r Memo Itemization
Business Address 2075 W Big Beaver Rd Sa Type of Contribution: Direct Loss from a server V	TOKES TO		wento liemization
Type of Contribution: Direct Loop from	114 130 / Ray, 1	11 48084	
3. Contribution #2	Fund Raiser		
Name & Address	10-25-2019		
Michael D'Agostini 17565 Augusta De.			
17565 Augusta DR			_
MACOMB, MI 48042		s 1,500°	· 3500-
E 15 0.455 a.e.			
Occupation OWNER Employer DA905	finite 1	Click Here for	Memo Itemization
Business Address 15801 23 mile Rd Ma	17.		
Type of Court is	comb Tup, MI	48042	
A death to the person	Fund Raiser		
Name & Address: 4. Date of Receipt	10-15-2019		
Sherry D'Agostini	10 93 9017		
2281 POND VALLE OR.)	-
Orkland, MI 48363		\$ 2000	s 6 000
5. If over \$100.00 cumulative, please provide:			
Occupation OWNER Smolour DA L	//	Click Here for N	lemo Itemization
Craproyer 45 71905 71	NI CONST.		
Type of Contribution The	ream & Two MI	48041	
Loan ion a person	Fund Raiser	0 - 70	
Isma & Address 4. Date of Receipt	10-25-2019		
2 281 Pand Vallee DR.			
2 281 Pond VAllee DR.		3	
OAKland, MI 48363		s 2000-	. 6 000-
i. If over \$100.00 cumulative, please provide:			• 0,000
Occupation OWNER Employer Ag	ostivi Const	Click Here for M	emo Itemization
Business Address 15801 23 Mile Rd	M IT		
Type of Contribution Direct	MrcambTup M.	L 48H2	
Type of Commonon. Direct Loan from a person I	Fund Raiser		
	Page Subtotal	8500-	THE RESERVE THE PROPERTY OF THE PARTY OF THE
Grand	Total of All Schedules 1A	8500	
(Complete	on last page of Schedule)	5000	



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

CANDIDATE COMMITTEE (For use by officeholders only)

1. Committee I. D. Number 33520

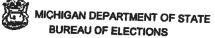
2. Committee Name Jeff Wright 2000

3 Name and address of name to the			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount o
Disbursement # 1			
Name & Address:	Purpose		
SAlvation Army	DONA Tion	_ 10-21-19	,250
POBOX 3207	12),	Date	
Flint, MT 48502		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 2	Purmone		
Name & Address: YMCA PAGE FACE with Youth	Purpose)	10-21-19	, 275
411 E. 3RU STReet		Date	
Flint, MI 48503		Click for Memo Itemiz	ration Type
	[3		
Check box if this disbursement is payment of debt or obligation	Disbursement Code 6 U		
eported on previous statement			
	Fund Raiser		
Disbursement # 3	Purpose .		
lame & Address:	To 1	,	•
Berston Field House	TRUNK OR TROAT	10-24-19	3/11-
D = 1 () / 0 / 0 / 0			\$ 200
3300 N. SAgiNAW ST		Date	
Flint, MI 48505		Click for Memo Itemiza	tion Type
7	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
ported on previous statement	Fund Raiser		
Sbursement # 4			
	Purpose / •		
arme & Address:	Ela. The	la me.	1
FRIENDS of Tim Sneller	Fund Raised Tickets	10-25-19	. 100
		Date	\$
2253 HC/ARCN ST.		Date	
	Ci	ick for Memo Itemization	on Type
Buston, MI 48529			
] Charles William	sbursement Code IO		1
ded on many or obligation			1
orted on previous statement	Fund Raiser		
			- 1
		ototal this page	125
	Grand Total of all (Complete on last pag	Schedules 1C e of Schedule)	
			r this total

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

on line 10a of **Summary Page**



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number 33520

2. Committee Name Jeff Wright 2000

3 Name and address of name to the		
Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a	5. Date 6. Amount o
Disbursement # 1	disbursement code*)	Distributering
Name & Address:	Purpose	
MI Democratic Party	FundRAISEL Tickets	11-15-19 :650
PO Box 7787		Date
Flint MI 48507		Click for Memo Itemization Type
lm ´	Disbursement Code 60	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	
Disbursement # 2		
Name & Address: benesee Co. Arg. Society 2188 W. MT. MORRIS Rd.	ANNUAL Mem bel Shiff	11-19-19: 25
MT. Moulis, MI 48458		Date
11. Mounts, per 48458		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 3		
Name & Address: Comm. to Elect Dume HASKIN	Purpose Fund RAISEN Ticker	5 12-3-19 : 100-
2359 Melody LANE	*	Date
BURTON, MI 48529	CI	ick for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation aported on previous statement	Disbursement Code	
isbursement # 4		
CAtholic Relief Services	DONA TION	13-4-19 \$ 100 -
POBOX 17145	Clic	k for Memo Itemization Type
Baltimole, MO 21298	,	
Check how if this dishumanant la name	11ahumanu 024 60	
Check box if this disbursement is payment of debt or obligation orted on previous statement	Sursement Code	1
	Subt	otal this page
	Grand Total of all 6	8/3
	(Complete on last page	of Schedule)

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

on line 10a of Summary Page